



Authorization to Pay Security

Case Number _____

I, _____ hereby authorize the Bureau of Motorist

Compliance to release my \$_____ security deposit to _____.

This deposit was made in accordance with Section 324.051 and Section 324.061, Florida

Statutes, with respect to claims for injuries to person or property resulting from an automobile

crash on _____ in or near _____.

I further authorize and request that this payment be forwarded to _____

at _____.

(Signature of Depositor)

IN THE PRESENCE OF:

(Signature of Witness)

(Address)

(Signature of Witness)

(Address)

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,

20____, by _____, who is personally known to me or

who has produced a _____ as identification and who did

(did not)take an oath.

(Signature)

Notary's Name _____

Notary Public, State of Florida

(Form must be completed in the presence of two witnesses or a Notary Public.)